Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90044 026 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K47076

1. Corporation Name

C. PADRON MARKETING, INC.

O. I ADII	ON WHITE INIC, INO.						
Principal Place of Business Mailing Address				••••		t (1987) (1) Bit dibit 1881) betit 18818 bitt einte neut gebit areit einte eint einte eint einte eint eint	
9151 FONTAINBLEAU BLD 9151 FONTAINBLEAU BLD							
SUITE 8 SUITE 8						DO NOT WRITE IN THIS SPACE	
MIAMI FL 33172 MIAMI FL 33172						3. Date Incorporated or Qualifed	
US		03				11/23/1988	
2. Principal PI	ace of Business	2a. Mailing Address				4. FEI Number Applied For	
21 26						65-0087558 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional	
22		27				5. Certificate of Status Desired Fee Required	
City & State City		City & State	ity & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country	Zip	1			8 This corporation owes the current year Intangible	
24	25	29 30	o			Personal Property Tax.	
	g. Name and Address of Curren	t Registered Agent	<u> </u>			10. Name and Address of New Registered Agent	
				31 N	Name		
PADRON, CARLOS			82 Street Address (P.O. Box Number is Not Acceptable)				
9151 FOUNTAINBLEAU BLVD							
SUITE 8			83				
MIAMI FL 33172			8	34 (City FL 85 Zip Code		
11. Pursuant to the provisions/of/Sections 607.0502 and 607.1508, Florida Statutes				nve-n	amed como	relies submits this statement for the purpose of changing its registered	
office or re	egistered agent or both, in the State	of Florida. Such change was auth	horized t	by the	e corporation	n's board of directors. I hereby accept the appointment as registered	
agent. I ai	m familiar with end accept the obligat	ions of, Section 607.0505, Fiorid	ia Statut	es.			
SIGNATURE	Signature, typed or printed name of registered agen	Land title if applicable. (NOTE: Re	egistered A	gent siç	gnature required	when reinstating) DATE	
12. OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETE		1,1 TITLE	1,1 TITLE		☐ Change ☐ Addition	
NAME	PADRON, CARLOS		1.2 NAME		\ \		
STREET ADDRESS 9151 FOUNTAINBLEAU BLVD #8			1.3 STREET ADDRESS		DDRES\$		
CITY-ST-ZIP MIAMI FL 33172			1.4 CITY-ST-ZIP		IP .		
TITLE S DELETE		2.1 TITLE	2.1 TITLE		☐ Change ☐ Addition		
NAME PADRON, NERA M			2.2 NAME				
STREET ADDRESS 9171 FOUNTAINEBLEAU BLVD #8			2.3 STREET ADDRESS		DORESS		
CITY-ST-ZIP MIAMI FL 33172			•	2.4 CITY-ST-ZIP		Change Addition	
TITLE		☐ DELETE	3.1 TITL			☐ Change ☐ Addition	
NAME			3.2 NAM	-	İ		
STREET ADDRESS			3.3 STRE				
CITY-ST-ZIP			3.4. CIT	Y-ST-Z	ZIP		

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4.1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 City-ST-ZIP

4.4 CITY-ST-ZIP

□ DELETE

□ DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

M. Padron 04-06-99

Change

☐ Change

Change

Addition

☐ Addition

☐ Addition